

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH as precisely as possible to secure this information. Incorrect certificates will be returned for correction. Make every effort to properly classify. If any item can not be obtained insert word "unknown."

March 15, 1982 (Address) \_\_\_\_\_  
 \*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY,  
 and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 LENGTH OF RESIDENCE \_\_\_\_\_  
 At place of death... yrs. 6 mos. 8 ds. In Arizona... yrs. 6 mos. ds.  
 Former or Usual Residence \_\_\_\_\_  
 Filed \_\_\_\_\_  
 March 12, 1982 \_\_\_\_\_ Local Registrar  
 Filed \_\_\_\_\_  
 6/18/82 \_\_\_\_\_ County Registrar